UIA 1554-S
(Rev. 12-04)

State of Michigan
Department of Labor & Economic Growth
UNEMPLOYMENT INSURANCE AGENCY
www.michigan.gov/uia

Authorized by
MCL 421.1, et seq.

REQUEST FOR REDETERMINATION OF DEPENDENCY ALLOWANCE

PLEASE USE BLACK INK
DO NOT USE PENCIL

YOUR SOCIAL SECURITY NUMBER

YOUR NAME _____
(Please Print) Last First M.I.

The Michigan Employment Security Act provides for establishing your Weekly Benefit Rate based on 4.1% of your highest quarter base period wages, plus $6.00 for each dependent, up to a maximum of 5 dependents. **Even if dependents are allowed, your Weekly Benefit Amount cannot exceed $362.00.** Only one person may claim or receive a dependency allowance for the same individual.

A correction made to your dependency allowance based on this request is effective with the beginning of your benefit year, and remains in effect until the benefit year expires. A dependent is not added or removed during a benefit year, even in cases of a birth, death, age change, marriage or divorce. However, if good cause is established for failure to claim a dependent at the time of filing a new claim, a dependency allowance will be corrected effective with the beginning of the benefit year. The maximum number of dependents you may claim is 5. You may have to provide proof of dependents, such as birth certificates. Penalties apply for false statements about dependents.

To claim the following person(s) as a dependent, you must have provided more than half the cost of his or her support for at least 90 consecutive days immediately before the first week of your new claim. If the relationship has existed less than 90 days, the person must have received more than half the cost of his or her support from you for the duration of the marital or parental relationship. Only one person may claim a dependency allowance for the same individual as a dependent.

Persons You May Claim As A Dependent Considered By Age And Relationship

Age	Relationship
Any Age	Your husband or wife
Under Age 18	Your child, grandchild, adopted child, stepchild, orphaned brother or sister
Over Age 18, or Under Age 22 if Full-time Student	Your child, grandchild, adopted child, stepchild, orphaned brother or sister
Over Age 18 if physically or mentally infirm and unable to work	Your child, grandchild, adopted child, stepchild, orphaned brother or sister, mother or father
Over Age 65	Your mother or father

Enter the TOTAL dependents you are claiming in the box below. Do not claim yourself.

I wish to protest the number of **Dependents Claimed** on the Monetary Determination mailed on _____ .
(date)

I did not claim the correct number of dependents when I filed my claim because: _____

_____

_____

_____

For the reason(s) stated above, I wish to claim **a total of** ☐ dependents on my current Benefit Year.

I certify that all of the information submitted by me on this form is true and correct to the best of my knowledge and belief. I UNDERSTAND THAT THE LAW PROVIDES PENALTIES OF FINE, AND/OR IMPRISONMENT, AND/OR COMMUNITY SERVICE FOR FALSE STATEMENTS TO SECURE BENEFITS.

Unemployed Worker Signature: _____ Date _____

Return completed form to Unemployment Insurance Agency, P.O. Box 169, Grand Rapids, Michigan 49501-0169, or fax to 1-517-636-0427. If you have any questions about this form, call our Claimant Customer Relations Hotline at 1-800-638-3995 (TTY customers use 1-866-366-0004), or call our Inquiry Line at 1-866-500-0017.

DLEG is an Equal Opportunity Employer and complies with the Americans with Disabilities Act.

LEAVE BLANK — FOR OFFICE USE ONLY

BYB _____ UI Examiner Initials _____ Date D/E _____